

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

California Farm Bureau Federation Fund to Protect the Family Farm (FARM PAC )

**A.**

Full Name (Last, First, Middle Initial)

Friends of Dennis Cardoza

Mailing Address P.O. Box 2749

City  
ModestoState  
CAZip Code  
95344Purpose of Disbursement  
Monetary ContributionCandidate Name  
Dennis Cardoza011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: EXP.B.12928

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Matsui for Congress

Mailing Address 233 Massachusetts Avenue NE, 2nd F

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Monetary ContributionCandidate Name  
Doris Matsui011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: EXP.B.12929

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mike Thompson for Congress Committee

Mailing Address P. O. Box 10541

City  
NapaState  
CAZip Code  
94581Purpose of Disbursement  
Monetary ContributionCandidate Name  
Mike Thompson011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: EXP.B.12927

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....